

**CONTINUATION PAY RENEWAL**  
**NAVJED 7220/2A / NAVCOMPT FORM 2184A (Rev. 9-71)**

FROM: <b>NAME (FIRST, MIDDLE INITIAL, LAST)</b>	GRADE	SOCIAL SECURITY NO.	DESIGNATOR
TO: <b>CHIEF, BUREAU OF MEDICINE AND SURGERY</b>			

**A. MEMBER'S CONTINUATION PAY AGREEMENT RENEWAL**

I HAVE BEEN DESIGNATED BY A MEDICAL OFFICER CONTINUATION PAY SELECTION BOARD AS A MILITARY PHYSICIAN SPECIALIST. TO CONTINUE TO RECEIVE CONTINUATION PAY, I AGREE TO SERVE ON ACTIVE DUTY IN THE NAVY MEDICAL CORPS FOR A PERIOD OF   (in words) YEAR(S); SUCH SERVICE TO COMMENCE ON THE EFFECTIVE DATE OF THIS AGREEMENT. I UNDERSTAND THAT IF I AM SEPARATED FROM THE NAVY MEDICAL CORPS PRIOR TO THE EXPIRATION OF MY COMMITMENT, I MUST REFUND THAT PORTION OF CONTINUATION PAY COVERING THE UNFULFILLED PART OF THE AGREEMENT.

SIGNATURE OF MEMBER	DATE
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**B. CERTIFICATION BY COMMANDING OFFICER**

PAY ENTRY BASE DATE

YEAR	MONTH	DAY

(Obtain from NAVPERS 15,018 or NAVPERS 1301/6)

EXPIRATION DATE OF PREVIOUS CONTRACT

YEAR	MONTH	DAY

EFFECTIVE DATE (Date of signature or one day after expiration date of the previous contract whichever is later)

YEAR	MONTH	DAY

\*COMPLETE ONLY FOR  
APPROVED SPECIALLY  
MERITORIOUS CASES  
(See SECNAVINST 7220.61  
series)

THE SURGEON GENERAL HAS AUTHORIZED THIS MEMBER A LUMP SUM PAYMENT FOR CONTINUATION PAY EQUAL TO THE AMOUNT DUE FOR A   (in words) YEAR PERIOD AT THE RATE OF BASIC PAY ON THE DATE HE SIGNED THIS AGREEMENT BY BUMED LETTER

REFERENCE

YEAR	MONTH	DAY

THE ABOVE DATA HAS BEEN VERIFIED AND HE MEETS ELIGIBILITY CRITERIA OF SECNAVINST 7220.61 SERIES.

TYPED NAME AND GRADE OF COMMANDING OFFICER	SIGNATURE OF COMMANDING OFFICER	DATE
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**C. DISBURSING OFFICER'S CERTIFICATION (DO NOT EFFECT PAYMENT PRIOR TO EFFECTIVE DATE)**

This officer's record indicates that his present grade is \_\_\_\_\_ and his monthly basic pay rate is \$   and he is entitled to continuation pay under above agreement totaling \$   to be paid as follows:

1. Annual installment of

\$ <span style="border: 1px solid black; padding: 0 20px;"> </span>
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paid on

YEAR	MONTH	DAY

2. Lump Sum Payment was made on

YEAR	MONTH	DAY

(See \*, Section B)

DISBURSING OFFICE SYMBOL	TYPED NAME OF DISBURSING OFFICER	SIGNATURE OF DISBURSING OFFICER
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**D. DISTRIBUTION - By Disbursing Officer**

ORIGINAL - BUMED (Code 31)

2 COPIES - Disbursing Office (Retain copy and forward copy to:

1 COPY - Medical Officer's local record

1 COPY - BUPERS (Pers E-2 - for Officer's record)

**COMMANDING OFFICER**  
**U. S. NAVY FINANCE CENTER (MPC)**  
**NEW FEDERAL OFFICE BLDG.**  
**CLEVELAND, OHIO 44199**